

# Office of the Legislative Inspector General

### **CASE INITIATION FORM**

Please type or clearly print information.

#### **Information About Complainant:**

Your name (Required):						
Preferred title: Mr. Ms. Ms. Mrs	s.					
Address:Street Address						
City Sta	te Zip Code					
Please check one or more preferred methods	of contact:					
Home Phone:	Business Phone:					
Other Phone:	E-mail:					
Are you a State of Illinois employee?	Yes  No					
If "YES", which agency?:						
Is the alleged violation related to your State emplo	pyment?					
Informat	ion About Alleged Violation:					
	s General Assembly or a State employee who is under the jurisdiction of a on, or the Joint Committee on Legislative Support Services? $\square$ Yes $\square$ No					
*If "NO", this office lacks the authority to review or If "YES", complete the attached sheet concerning the	investigate the alleged violation but will refer it to the appropriate authority. e nature of the alleged violation.					
Waiver of Confidentiality:						
Your identity as the person reporting an alleged viol	lation is confidential unless you waive confidentiality or unless required by law.					
Do you wish to waive your right to confidentiality?	☐ Yes ☐ No					
If "YES", please sign and return the optional Waiv	er of Right to Confidentiality.					

#### **Materials Exempt from Disclosure:**

The Legislative Inspector General's investigatory files and reports are confidential and exempt from disclosure under the Freedom of Information Act. Allegations, pleadings, and related documents are exempt from disclosure under the Freedom of Information Act so long as the Commission does not make a finding of a violation.

#### Where to Return this Form:

## **Nature of Alleged Violation**

Please pro	vide as much de	tailed information	as possible al	bout the perso	n who com	mitted	the allege	d violation:
Subject's N	lame:				Phone:			
Legislative	District (if knowr	n)				Sex:	М	F
Address: _	Street Address							
_								
	City		State		Zip Cod	de		
Check one	$\overline{}$	of General Asserve Employee	nbly					
	Legisiati	ve Employee						
lation; (3) st	ate the names of		who witnesse	d or participate	ed in the alle	ged vic		nd time of the alleged vio- provide any other relevan
commission	n, an inspector ge		olice, a State's					es Ethics Act to an ethics r law enforcement official
SIGNATUR	RE:					Date	e:	

### **WAIVER OF RIGHT TO CONFIDENTIALITY**

(Optional)

The undersigned, having filed the foregoing report of an alleged violation with the Legislative Inspector General or Legislative Ethics Commission, hereby knowingly waives and relinquishes his or her right to confidentiality pursuant to Section 25-90(a) of the State Officials and Employees Ethics Act, which provides as follows:

"The identity of any individual providing information or reporting any possible or alleged misconduct to the Legislative Inspector General or the Legislative Ethics Commission shall be kept confidential and may not be disclosed without the consent of that individual, unless the individual consents to the disclosure of his or her name or disclosure of the individual's identify is otherwise required by law. The confidentiality granted by this subsection does not preclude the disclosure of the identity of a person in any capacity other than as the source of an allegation." 5 ILCS 430/25-90(a).

SIGNATURE:	_ Date: